

## SITE VISIT REPORT NOTES

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I. VISN 2, VA Healthcare Network, Upstate New York

II. July 9 – 10, 2003

III. Sites Visited During Trip

- a. Canandaigua, NY
- b. Batavia, NY
- c. Buffalo, NY

IV. Commissioners/Staff in Attendance

COMMISSIONERS: *JO ANN WEBB, RN, MHA*

*AL ZAMBERLAN, FACHE*

COMMISSION STAFF: *JEAN RENAKER*

V. Overview of Visit to Canandaigua

a. Commissioner/Staff Impressions of Tour

The Commissioners and staff were impressed with the level of community involvement with the Canandaigua facility. It was clear that the Medical Center Director was more than a name—he is someone the stakeholders know. Facility and Network leadership have been progressive in their management of the facility, working with the community to develop alternative uses for vacant space. For example, an alternative school operates on the grounds; the Salvation Army is interested in space there. However, all agreed that the enhanced use process as it currently exists is a barrier because of the time required to receive approvals. In addition, the enhanced use applications have been further delayed due to the CARES process. Canandaigua is a well-maintained facility in a beautiful setting. Management has established a written plan for continuing to maintain the facility.

b. Summary of Meeting(s) with VISN Leadership

i. Names and titles of Attendees

William Feeley, Network Director

David Smith, Medical Center Director, Canandaigua

James Cody, Medical Center Director, Syracuse

Michael Swartz, Acting Medical Center Director, Western New York Healthcare System (Buffalo/Batavia)

Robert Babcock, MD, Chief of Staff, Canandaigua

Ken Piazza, Clinic Operations Officer, Rochester Outpatient Clinic

David Hill, Facilities Manager/CARES Coordinator, Canandaigua  
Dennis Heberling, Facilities Manager/CARES Coordinator,  
Western New York Healthcare System  
David Krueger, Staff Assistant to the Director/Chief of Staff,  
Canandaigua  
Daniel Ryan, Public Affairs Officer, Canandaigua  
Andrew Pacyna, Administrative Resident, Syracuse  
Donna Dardaris, Health System Specialist, Network Office

ii. Meeting Forum

Commissioners, Commission staff, Network and facility staff met in an informal session over lunch at the Canandaigua VA Medical Center.

iii. Topics of Discussion

There was a wide-ranging discussion that included the following:

- (a) Facility maintenance. The Network indicated that it does not have the capital required to properly maintain its physical plant. This campus includes approximately 50 buildings. During the previous fiscal year, the facility has \$6 million in construction needs. The facility received approximately half that. Up until the late 1990s, Canandaigua was not an air-conditioned facility. Since 1998, Canandaigua has used non-recurring maintenance projects, minor projects and station funds to install air-conditioning at the facility. (The Buffalo VA still does not have air conditioning throughout the facility.)
- (b) Enhanced use. The staff at this Network and this facility are clearly frustrated with the enhanced use process as it currently exists. They believe the process takes too long (citing an example of a proposal that required two years to address—only then to be disapproved) and needs to be based on good business practices. [The Network cited as an example a capital expenditure of \$17 million to move the Buffalo Veterans Benefits Administration (VBA). It was disapproved; however, VBA is currently spending \$1 million per year to lease that space.]
- (c) Data. The Network and facility believe that the Canandaigua area is growing, and that it will soon be considered an urban, rather than a rural, setting. However, under CARES, there is a projected 30% reduction in enrollees.

iv. What did we learn?

- (a) Inpatient care demand (medicine, surgery, psychiatry). Canandaigua has previously closed its inpatient medicine beds. The staff believes they were able to do so without controversy because the closure gave veterans “something better”—they receive their care in their home communities through contracts for care. The Network plans to meet inpatient care demand by providing care at the FY 2001 levels in-house and by contracting for any needed additional care. Since the projection demand in this market is low, this appears to be a reasonable approach.
- (b) Outpatient care demand (primary care, specialty care, mental health). The market plans to address outpatient care demand in a similar fashion: provide care in-house at the 2001 levels and contract for additional care. It is unclear whether community providers will be available or willing to provide these services.
- (c) Access to primary care, acute hospital care, tertiary care. Access to these services is good.
- (d) Proximity (60-mile, 120-mile). There are no proximity issues in this market.
- (e) Small facility. Bath is projected to require fewer than 40 acute beds (and no surgery beds); however, this facility’s primary mission is long-term care. Periodically, the facility does experience difficulty recruiting to fill professional and allied health vacancies in the long-term care setting.
- (f) Collaborations. There are no Department of Defense facilities in this market and two cemeteries. No collaboration opportunities have been identified.
- (g) Special Populations. No issues have been identified.

v. Outstanding Questions/Follow-up Items

None

c. Summary of Stakeholder Meeting

i. Describe Meeting Forum

Commissioners, Commission staff, Network and facility staff and stakeholders (the Network’s Management Assistance Council) met in an informal session at the Canandaigua VA Medical Center.

ii. Stakeholders Represented

Sarah Anderson, Senator Hilary Clinton’s staff

Colleen Baumann, Ontario County Veterans Service Office (VSO)  
Sarah Blumer, Congressman Amo Houghton's staff  
Ralph Calabrese, Veterans' Advocate (independent)  
Jim Carra, Monroe County VSO  
Paul Cole, Congressman Tom Reynolds' staff  
Brandon Gardner, Congressman Amo Houghton's staff  
P. Earle Gleason, Yates County VSO  
Melissa Granger, Seneca County VSO  
Susan Kellogg, New York State Division of Veterans Affairs  
Jim Nessler, Ontario County Commander, American Legion  
Cora B. Paglia, Masons—Grand Lodge of New York  
Thomas M. Paglia, Masons—Grand Lodge of New York  
Ellen Polimeni, Mayor, Canandaigua  
Jim Robinson, Disabled American Veterans  
Pat Skelly, Wayne County VSO  
Virginia Wacenski, Veterans of Foreign Wars Auxiliary  
Hal Willson, Ontario County VSO  
Nora K. Yancey, Congressman Jim Walsh's staff

iii. Topics of Discussion

The stakeholder session was well attended. There was much discussion and a great deal of interest expressed about the CARES process and the future of the Canandaigua facility. Stakeholders played an integral role in the CARES process. They expressed a willingness to have VA contract for the best quality care, when necessary. The wide-ranging discussion also included the following topics:

- (a) CARES process. Concerns were expressed about what will happen to the CARES process if Secretary Principi leaves office. Within the Network, the stakeholders expressed appreciation for the CARES Commiques that were used to enhance communication.
- (b) Equity of access. Concern was expressed that CARES should ensure equity of access and adequacy of facilities, no matter where a veteran resides.

iv. What did we learn?

- (a) Inpatient care demand (medicine, surgery, psychiatry). There were no specific comments related to inpatient care.
- (b) Outpatient care demand (primary care, specialty care, mental health). Stakeholders requested specialized care be

delivered by contract where the patient resides, as opposed to traveling to Syracuse or Buffalo for that care.

- (c) Access to primary care, acute hospital care, tertiary care. There were no specific comments related to access.
- (d) Proximity (60-mile, 120-mile). There were no specific comments related to proximity.
- (e) Small facility. There were no specific comments related to small facilities.
- (f) Collaborations. Enhanced use was the subject of much discussion. Stakeholders supported a current arrangement the Canandaigua Medical Center has with the local school system for an alternative school on the medical center campus and recommended further collaborations with the community. Other opportunities suggested by the stakeholders included using VA buildings and facilities for: providing permanent housing for veterans; establishing assisted living centers; providing housing to spouses of veterans in nursing homes. Stakeholders believe that the barriers to enhanced use should be removed.
- (g) Special Populations. Stakeholders recommended making long-term psychiatry available to veterans in their home communities.

v. Outstanding Questions/Follow-up Items

None

Approved by: Commissioner Jo Ann Webb, RN, MHA  
Commissioner Al Zamberlan, FACHE  
July 30, 2003

Prepared by: Jean Renaker, CARES Commission Staff  
July 29, 2003